GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

Page 1 of 1 Ser No. 049904

198524 Enter Company Registration Number

Engineer [redacted]

Gas Safe [redacted]

Engle Office Address 14A Endcliffe Ave. Sheffield. S10 3EA.

Contract Number UNI OF SHEFFIELD.

Customer Name ENDCLIFFE VALE FLATS.

Site Address 52 ENDCLIFFE VALE Rd SHEFFIELD

Postcode S10 5EW

Received By ON ONE Signature

Landlords Details If Different

Name

Address

Postcode

Rented Accommodation YES/NO

App	Landlords appliance Yes/No	Service Inspection Repair	Appliance Details: Location	Type	Model	Serial Number	Burner Manufacturer	Flue Type (OF/RS/FL)
1	YES	SERVICED	PLANT ROOM	BOILER STORVIS	K307	0207213008		OF
2	YES	SERVICED		BOILER 2 STORVIS	ECONSHAME 623	0208226023		OF.
3								
4								

General Safety Checks	Result	General Safety Checks	Result
Gas booster/compressor operating correctly (Yes /No/NA)	NA.	Flue termination satisfactory (Yes/No/NA)	YES
Is there a current gas installation line diagram at primary meter (Yes/No/NA)	NO	Has a tightness test been carried out from local isolation valve (Yes/No/NA)	YES
Is the meter installation correct (Yes/No)	YES	Is gas pipework electrically bonded (Yes/No)	YES
Gas installation pipework adequately supported (Yes/No)	YES	Are adequate emergency isolation valves fitted (Yes/No)	YES
Gas installation pipework sleeved and sealed as appropriate (Yes/No)	YES	Are emergency valve handles in place and labelled (Yes/No)	YES
Is gas pipework colour coded or identified (Yes/No/NA)	YES	Do valves fail to the correct position (Yes/No)	NO
Is flue system installed in accordance with standards (Yes/No)	YES	Area clear of combustible materials (Yes/No)	YES

Ventilation			
Low level free area cm² ~~or ventilation flow rate m³/hr~~	Actual 3213	Required (Calculated)	3276
High level free area cm² ~~or ventilation flow rate m³/hr~~	Actual 10.547	Required (Calculated)	2184
All ventilation grills clear and unobstructed (Yes/No) YES.		Fans and/or flue interlocks operating correctly (Yes/No/NA)	NA.

Details of any faults	Remedial Action Taken	Comments and calculations

Appliance Checks	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Flue flow test satisfactory (Yes/No/NA)	NA	NA	NA	NA
Spillage test satisfactory (Yes/No/NA)	YES	YES	YES	YES
Air/Gas switch operating correctly (Yes/No/NA)	NA	NA	NA	NA.
Flame proving devices operating correctly (Yes/No/NA)	YES	YES	YES	YES
Burner lock out time (seconds)	60	60	65	65
Temperature and limit thermostats operating correctly (Yes/No)	YES	YES	YES	YES.
Heat net input rating data (kW)	289		251	

	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Gas burner pressure (mbar) or heat input kW/h required	289		251	
Gas burner pressure (mbar) or ~~heat input kW/h~~ measured	19.8	21.2	20.6	22.0
Gas rating measured (kW/h / NA)	—	—	—	—
Air/gas ratio control setting (%/NA)	NA	NA	NA	NA.
Net flue gas temperature (gross less ambient) (°C)	66.5	47.3	42.2	40.1
Oxygen (O_2 %)	2.8	5.0	3.7	4.0
Carbon Monoxide (CO)(ppm)	17	12	5	5

	App 1 or App 1 High	App 2 or App 1 Low	App 3 or App 2 High	App 4 or App 2 Low
Carbon Dioxide (CO_2) (%)	10.1	9.0	9.8	9.6
Excess Air (%)	21.8	23.9	15.5	31.5
CO/CO_2 Ratio	0.0002	0.0001	0.0000	0.0000
Gross Efficiency (%)	98.3	100.8	103.2	104.3
CO flue dilution (ppm)	NA	NA	NA	NA.
Standing pressure (mbar)	24.6	24.6	24.6	24.6
Working pressure (mbar)	19.8	21.2	20.8	22.00
Is appliance safe for use (Yes/No)	YES	YES	YES	YES.
Has a warning advice notice been raised (No or Warning notice Ser No or No's)	NO			
Test Instrument	KANE 958			
Test Instrument serial number	121722001			

Worksheet No (if used)	
Checked by (office use)	
Entered on database	

Declaration of gas safety - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and use) regulations, standards and procedures.

Date 15-06-2022

Signature [redacted]

Centre, Pink - Site, Green - Engineer